

Name  
in  
Full

Rachel Bowen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u> Town <u>Worcester</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>May</u> Day <u>6</u>	Age <u>65</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Snow Hill Md</u>	
Occupation <u>cook</u>	Where Residing if not at place of death <u>Snow Hill Md</u>		
Married, Single or Widowed <u>no</u>	Name of Wife or Husband		
Father's Name <u>don't know</u>	Father's Birthplace <u>don't know</u>		
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>don't know</u>		
Name of person giving information <u>Wm H. Jones</u>	How related to deceased		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>12 months</u>
Immediate	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>W. D. Strang, Jr., M.D.</u>
	Address <u>Snow Hill, Md.</u>
Accident or Suicide?	



Name  
in  
Full

Linda Breddell

CERTIFICATE OF DEATH

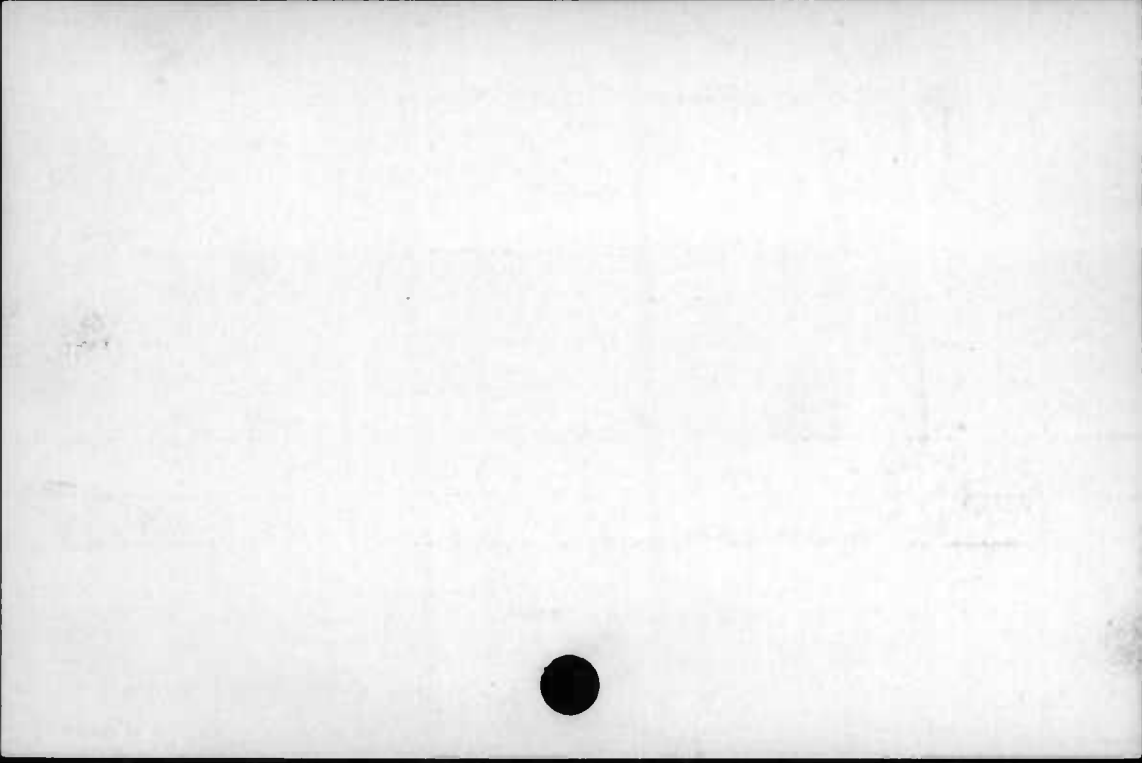
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death	Month <i>Feb</i>	Day <i>15</i>	Years <i>76</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Wid.</i>	Name of Wife or Husband				
Father's Name				Father's Birthplace	<i>Ind</i>
Mother's Maiden Name				Mother's Birthplace	<i>..</i>
Name of person giving information <i>Med Owens</i>				How related to deceased	<i>Widow</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ely Hedden</i>
	Address <i>Berlin</i>



Name  
in  
Full

Infant - Briddell

## CERTIFICATE OF DEATH

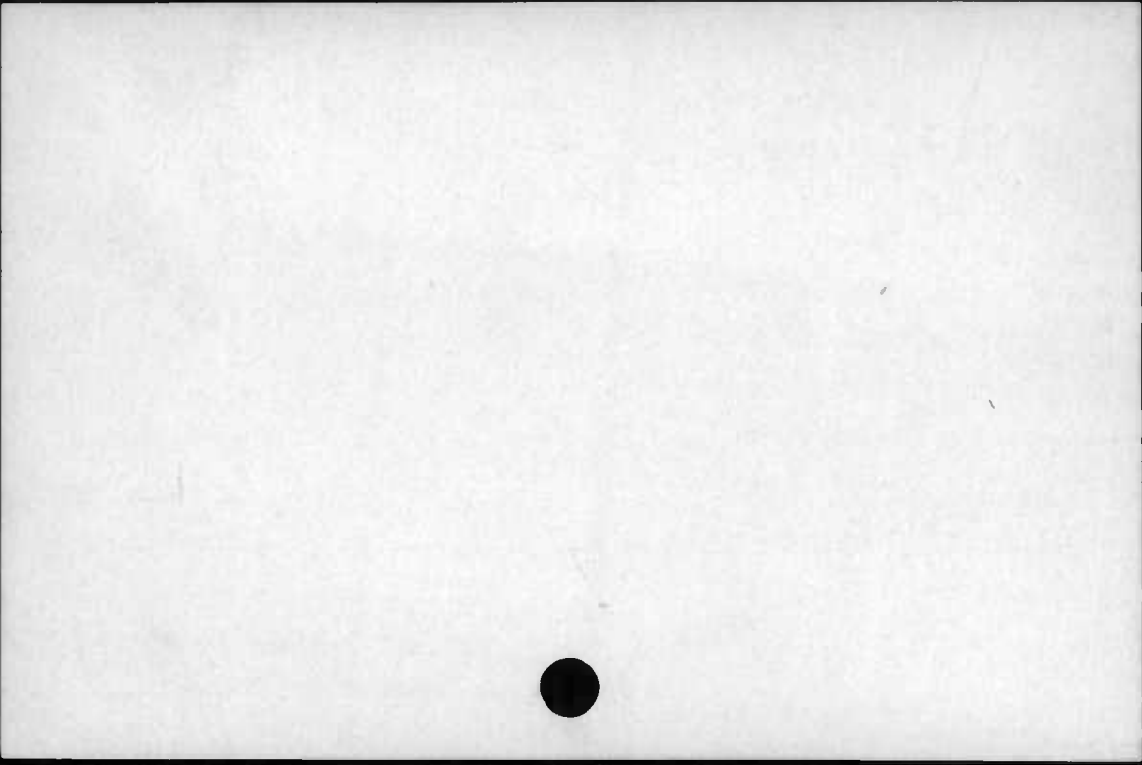
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shoreline</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>may</i> <small>Day</small>	<i>13</i> <small>Age</small>	<i>1</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>Blk</i>	Birth-place	<i>Eud</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband		
Father's Name	<i>Wm. Briddell</i>			Father's Birthplace	<i>Eud</i>
Mother's Maiden Name	<i>Anna Spencer</i>			Mother's Birthplace	<i>LI</i>
Name of person giving information	<i>Henry Pennell</i>			How related to deceased	<i>None</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 Weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Physician	<i>Dr. C. W. Dickinson</i>
<i>Yes</i>		Address	<i>Berlin Eud</i>
Accident or Suicide?			



Name  
in  
Full

Mary Britting Harris

CERTIFICATE OF DEATH

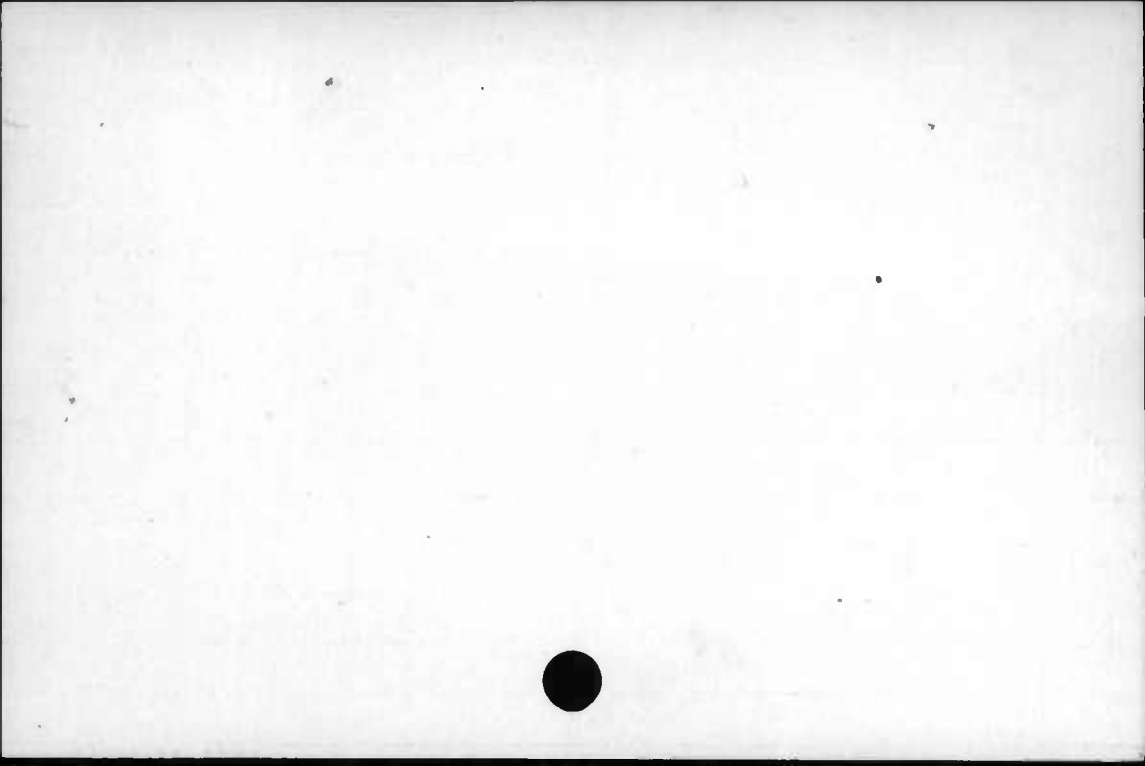
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Mahanville		Worcester					
Date of death	1906	Month	May	Day	19	Age	68
Sex	Female	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Widowed			Occupation	House work		
Name of Wife or Husband	James Britting Harris						
Father's Name	Do not know					Father's Birthplace	
Mother's Maiden Name	Do not know					Mother's Birthplace	
Name of person giving information	Peyster Weston					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Endocarditis	How long	One year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	R.P. Collins		
Address	Bishopville		
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mary H. Bullin  
Pocomoke City, Pocomoke County

MARYLAND

Date

of death

1906 May 20

Age

Years

39

Months

Days

Sex

female

Color or  
Race

white

Birth-  
place

Md.

Occupation

music teacher

Where Residing If not  
at place of death

r

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

r

Father's  
Name

Wm H. Bullin

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Sarah J. Hayden

Mother's  
Birthplace

Md.

Name of person giving  
information

F. H. Hayden

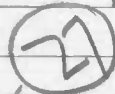
How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Tuberculosis



How long

3 yrs

Immediate

Sudden Collapse

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. S. Wilson  
Pocomoke City Md

Accident or Suicide?

r



Name  
In  
Full

Infant - Burbage

## CERTIFICATE OF DEATH

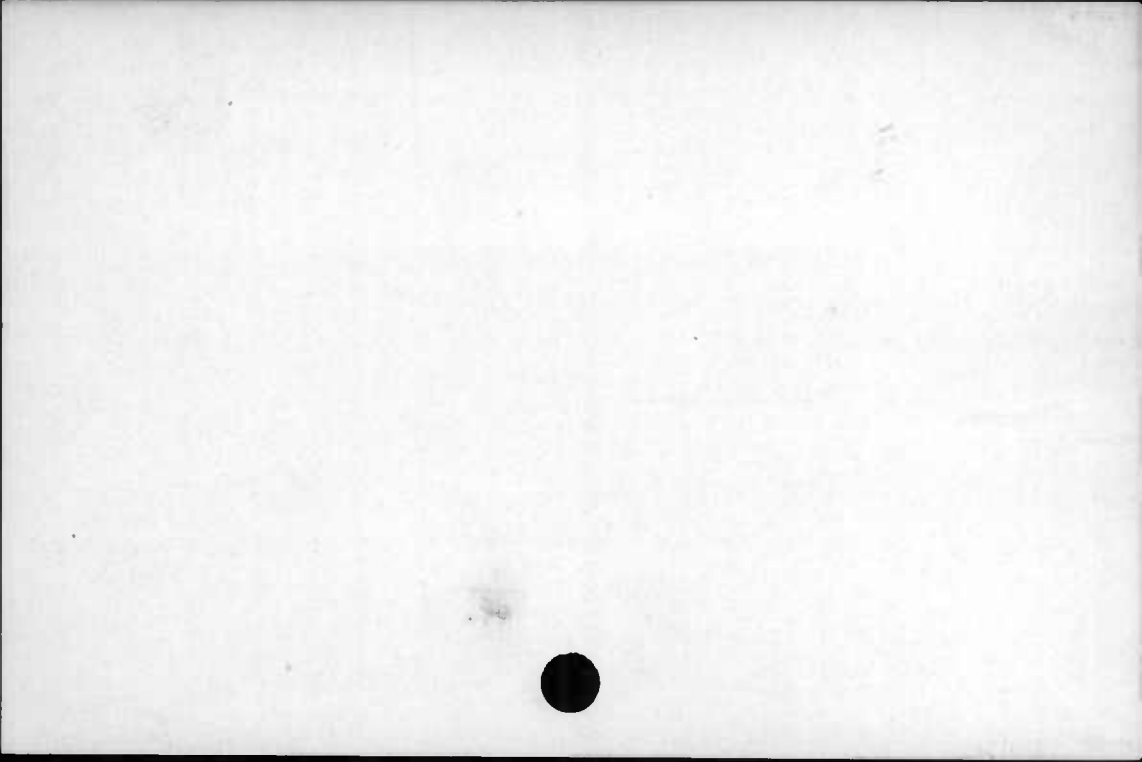
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Near <sup>Town</sup> Berlin		County		Worcester		MARYLAND				
Date of death		1906	Month	5	Day	23	Age	Years	Months	Days	5	
Sex		Male		Color or Race		White		Birth-place		Iud		
Occupation				Where Residing if not at place of death								
Married, Single or Widowed				Name of Wife or Husband								
Father's Name				William F. Burbage				Father's Birthplace				Iud
Mother's Maiden Name				Jones				Mother's Birthplace				Iud
Name of person giving information				Mr. Hammond				How related to deceased				none

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Yellow jaundice	How long	5 days
Immediate		How long	.. ..
Are the name, age, sex, color, date and place correctly given above?		yrs	
Signature of Physician		Dr. Henry White	
Address		Whitton,	
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Lono Barry  
 Town County  
 Died at Snow Hill Worcester

MARYLAND

Date 1906 May 21  
 Month Day Y. M. D.  
 Age 52-7-  
 Native of  
 Occupation Housewife  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 3

Wife of John W. Barry  
 Father's Name Mother's Name  
 Name Maiden Name

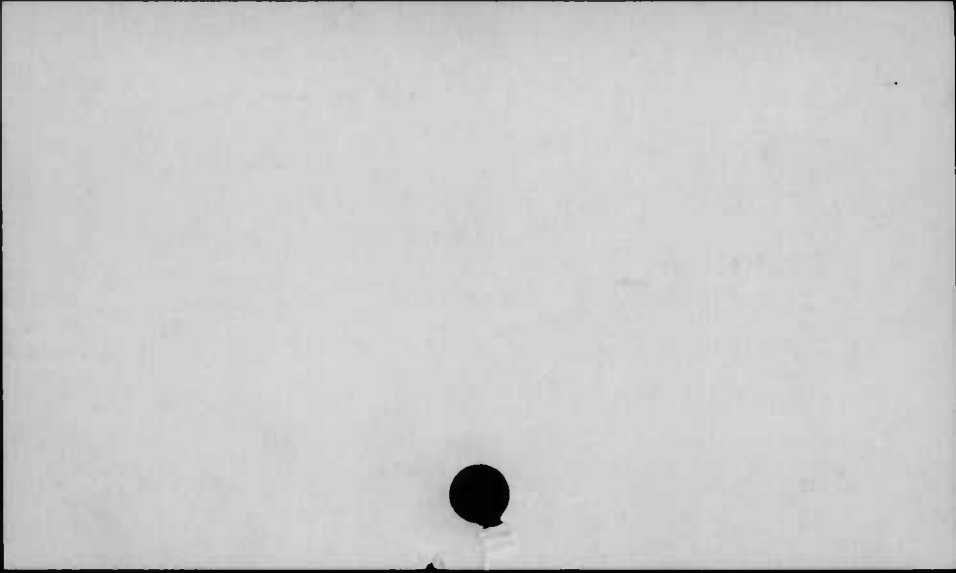
Cause of Death { Primary Consumption  
 Immediate Heart Trouble  
 How long sick 27  
 Accident, Suicide, Homicide

Reported by

Address

W P Heam  
 Undertaker Snow Hill Md  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72822



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Prosser</i> <sup>town</sup> <i>City</i> <sup>County</sup> <i>Worcester</i>		MARYLAND			
Date of death <i>1906</i>	Month <i>May</i>	Day <i>14</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Worcester Mass</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Worcester Mass</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>[Signature]</i>				
Father's Name <i>John Collins</i>	Father's Birthplace <i>Worcester Mass</i>				
Mother's Maiden Name <i>Annis Holland</i>	Mother's Birthplace <i>Worcester Mass</i>				
Name of person giving information <i>Martha Holland</i>	How related to deceased <i>Grand Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stomach</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide?	





Name  
in  
Full

Georgie Cortin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hulls Chapple</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1906	Month	May	Day	10.
		Years	2-3-	Months	
Sex	Female	Color or Race	colored	Birth-place	Snow Hill Md
Occupation	Housewife	Where Residing if not at place of death <u>Snow Hill Md</u>			
Married, Single or Widowed	married	Name of Wife or Husband	Robert - Cortin		
Father's Name	James Nelson	Father's Birthplace	Snow Hill Md		
Mother's Maiden Name	Mary A. Nelson	Mother's Birthplace	Snow Hill Md		
Name of person giving information	Robert - Cortin	How related to deceased	Husband		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Phthisis	How long	nine months
Immediate		How long	3. weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ch. D. Strang, M.D.
		Address	Snow Hill, Md
Accident or Suicide?			



Name  
in  
Full

Virginia Marie Baumor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	<u>1906</u> <u>May</u> Month	<u>12<sup>th</sup></u> Day	Age	<u>2</u> Months	<u>2</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<u>Jacob Hudson</u>			<u>near Stockton</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Barrie May Baumor</u>			<u>near Stockton</u>		
Name of person giving information			How related to deceased		
<u>Levin Baumor</u>			<u>Grandfather</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Probably Indigestion</u>	How long	<u>3 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>P J Parker</u>
		Address	<u>Stockton Maryland</u>
Accident or Suicide? <u>As I didn't attend child during illness, I am unable to say what was the cause of death</u>			



Name  
in  
Full

Georgie Dashiels

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small>		<i>May</i> <small>Day</small>	<i>23</i> <small>Years</small>	<i>Age</i> <small>Months</small>	<i>6 weeks</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Snow Hill Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Snow Hill Md</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Readmond</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Bulah Dashiels</i>		Mother's Birthplace <i>Snow Hill Md</i>			
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i> <b>(151)</b>	How long	<i>Six weeks</i>
Immediate		How long	<i>3 Days</i>

Are the name, age, sex, color, date and place correctly given above?

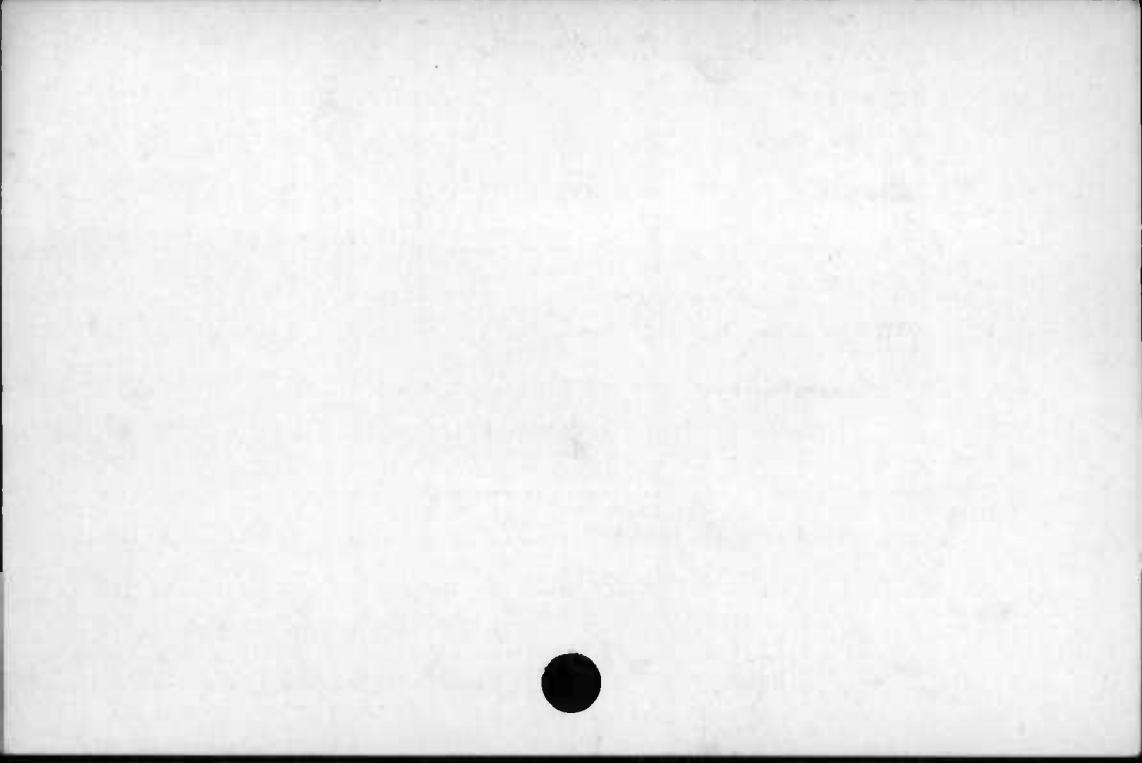
*Yes.*

Signature of Physician

Address

*Wm. J. Deloach*  
*Snow Hill*  
*Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Eliza A Hopkins* Town *Whaleyville* County *Worcester* MARYLAND

Died at *Whaleyville*

Date of death *1906* Month *May* Day *14* Age *71* Years *3* Months *9* Days

Sex *Female* Color or Race *White* Birth-place *Ired*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *W B Hopkins*

Father's Name *John Dale* Father's Birthplace *Ired*

Mother's Maiden Name Mother's Birthplace *"*

Name of person giving information *W B Hopkins* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* (2) How long

Immediate How long *6 m*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Physician *Lea Lyndall*

Address *Whaleyville*

Accident or Suicide?





Name  
in  
Full

Edward Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bishopville</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 1906	Month <i>May</i>	Day <i>25</i>	Years <i>35</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>keeping a Restaurant</i>		
Name of Wife or Husband <i>Ellie Branting</i>					
Father's Name <i>John Howard</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Catherine Kelly</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Payson Watson</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>five years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R P Collins</i>
<i>Yes</i>	Address <i>Bishopville Md</i>
Accident or Suicide?	



Name  
in  
Full

William Hudson

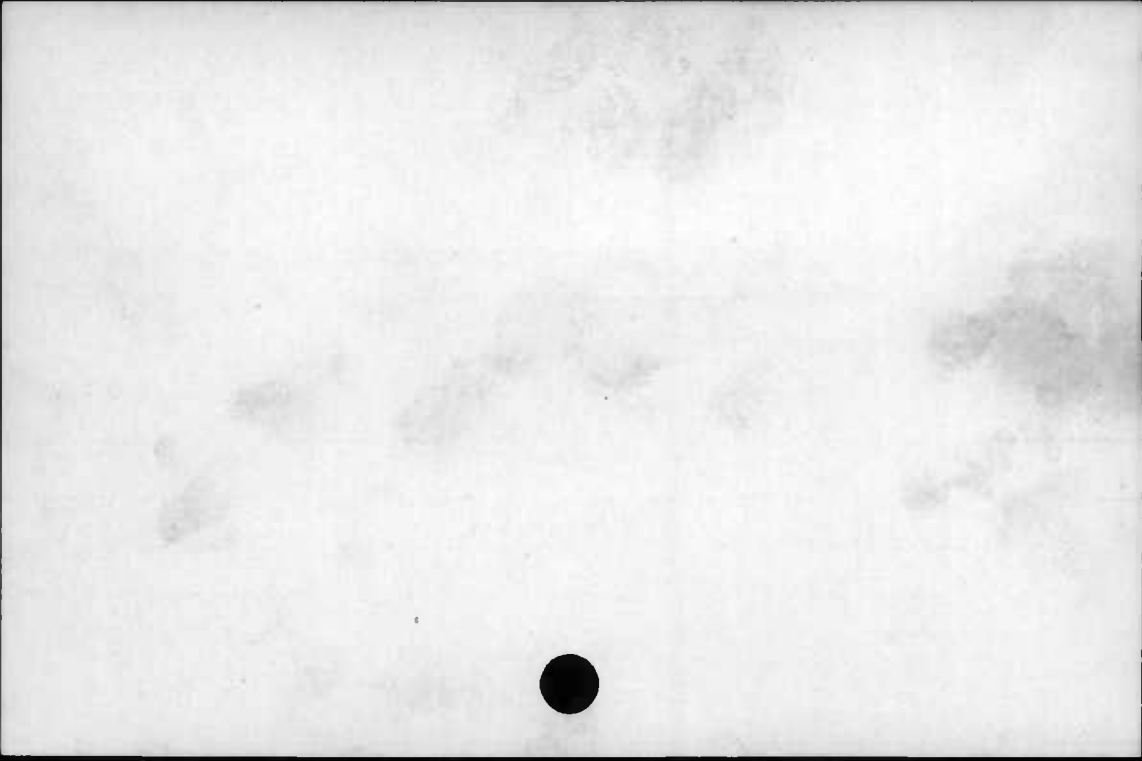
## CERTIFICATE OF DEATH

Died at		Town Near Berlin		County Worcester		MARYLAND	
Date of death		Month 1906	Day 12	Age 47	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Ind
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Rose McCobb			
Father's Name	William Hudson					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

## CAUSES OF DEATH

Primary	Cancer of Stomach		How long	8 years
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. P. Henry M.D.
			Address	Berlin Maryland
Accident or Suicide?				

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

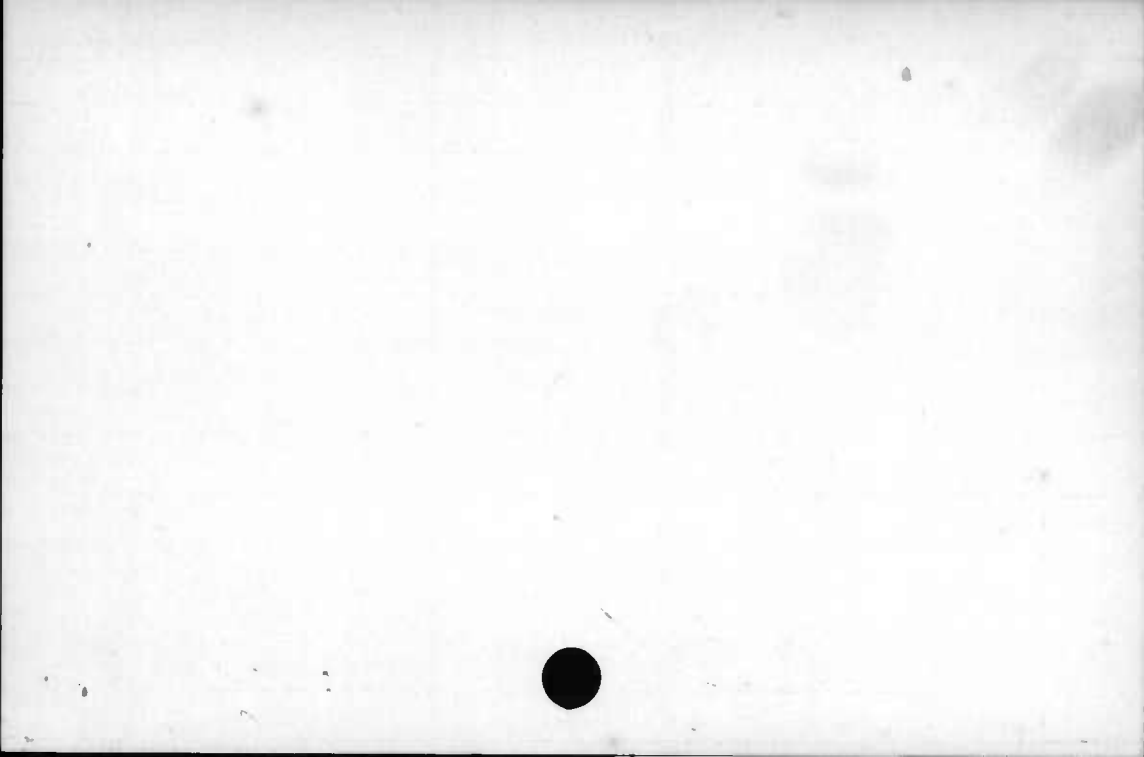
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Curtis W. Long</i>		Town <i>Bishop</i>		County <i>Peru</i>		STATE <b>MARYLAND</b>	
Died at <i>Bishop</i>		Month <i>May</i>		Day <i>17</i>		Years <i>33</i>	
Date of death 1906		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Houseman</i>					
Name of Wife or Husband <i>Wittie Baumling</i>							
Father's Name <i>Henry G. Long</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>Payster Watson</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>27</i>	
Immediate		How long <i>27</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. P. Collins</i>	
		Address <i>Bishopville</i>	
Accident or Suicide?		<i>Ind.</i>	



Name in Full <b>Laura Reed Powel</b>		CERTIFICATE OF DEATH	
Died at <b>Bromoke</b> Town		<b>Worcester</b> County	
Date of death <b>1906</b> Month <b>May</b> Day <b>19</b>		Age <b>26</b> Years Months <b>11</b> Days <b>19</b>	
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Harrington Del</b>	
Occupation <b>Domestic</b>	Where Residing if not at place of death <b>7.</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>H. Lorone Powel</b>		
Father's Name <b>William M. Reed</b>	Father's Birthplace <b>Harrington</b>		
Mother's Maiden Name <b>Mary C. Killeham</b>	Mother's Birthplace <b>Harrington</b>		
Name of person giving information <b>H. L. Powel</b>	How related to deceased <b>Husband</b>		

CAUSES OF DEATH	
Primary <b>Cutane from</b>	How long <b>17 days</b>
Immediate <b>Armonhage</b>	How long <b>48 hours</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>P. Reed Hall</b>
	Address <b>Bromoke City, Md</b>
Accident or Suicide?	





Name  
in  
Full

Clara Showell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Syne parent</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>
Sex <i>Female</i>		Color or Race <i>Blk</i>		Birth-place <i>Ind</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Illegitimate</i>		Father's Birthplace <i>(28)</i>			
Mother's Maiden Name <i>Hermie Showell</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Clara Massey</i>		How related to deceased <i>Widow</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scrofula</i>	How long <i>(38)</i>
Immediate <i>Tubercular Meningitis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Holland</i>
	Address <i>Barber</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Henrietta Slovanna

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pocomoke		County Worcester		MARYLAND	
Date of death	1906	Month 5	Day 2	Age 65	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	VA
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Major Matthews					Father's Birthplace	VA
Mother's Maiden Name	Fannie Matthews					Mother's Birthplace	VA
Name of person giving Information	Wm. H. H. H.					How related to deceased	son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	Some months
Immediate	Heart failure following	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Willis
		Address	Pocomoke.
Accident or Suicide?			



Name  
in  
Full

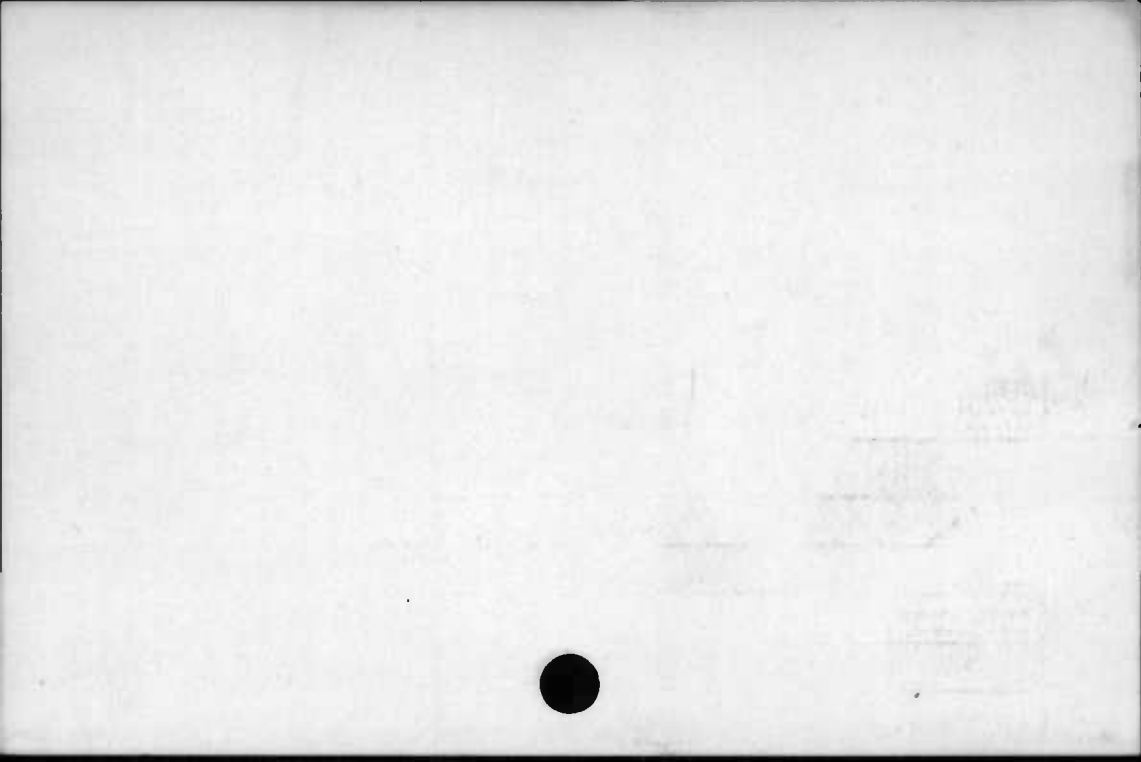
Mortley, E. Mandy

## CERTIFICATE OF DEATH

Died at <u>Berlin</u> Town		<u>Washington</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>5</u>	Years <u>1</u>	Months <u>10</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Rinaldo Thundely</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Carrie P. Thundely</u>			Mother's Birthplace		
Name of person giving information <u>Rinaldo Thundely</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

Primary	<u>Tubercular Meningitis</u>	How long	<u>3 weeks</u>
Immediate	<u>Tubercular Meningitis</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas. Herland</u>	
		Address <u>Berlin</u>	
Accident or Suicide?		<u>No</u>	



Name  
in  
Full

Goldie L. Zull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>28</i>	Age <i>—</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John E. Zull</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Goldie Oulter now dead</i>			Mother's Birthplace <i>md.</i>		
Name of person giving Information <i>H.B. Oulter</i>			How related to deceased <i>grandfather</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Congestion</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. N. Willis</i>	
		Address <i>Pocomoke City Md.</i>	
Accident or Suicide?			

